

**CITY OF HAMPTON
FIRE AND RESCUE DIVISION
REQUEST FOR EDUCATIONAL OR CERTIFICATION INCENTIVE PAY**

Employee Name: (Please Print)	Employee Number:
PLEASE ATTACH ALL SUPPORTING DOCUMENTATION WITH THIS REQUEST Educational /Certification Incentive Pay Requested: (Check One) <i>See PAI 5.4 for specific criteria</i>	
<input type="checkbox"/> Associate's Degree – <i>no minimum time requirement</i> (\$600) <input type="checkbox"/> Bachelor's Degree - <i>no minimum time requirement</i> (\$700) <input type="checkbox"/> Master's Degree AND ten (10) years of employment in a uniformed Fire and Rescue Division position with the City of Hampton (\$2,200) <input type="checkbox"/> Virginia EMT-I Certification AND five (5) years of employment in a uniformed Fire and Rescue Division position with the City of Hampton (\$1,600) <input type="checkbox"/> Virginia EMT-P Certification (\$4,000) <input type="checkbox"/> Virginia EMT-I Certification, Associate's Degree, AND five (5) years of employment in a uniformed Fire and Rescue Division position with the City of Hampton (\$2,200) <input type="checkbox"/> Virginia EMT-I Certification, Bachelor's Degree, AND five (5) years of employment in a uniformed Fire and Rescue Division position with the City of Hampton (\$2,300) <input type="checkbox"/> Virginia EMT-I Certification, Master's Degree, AND ten (10) years of employment in a uniformed Fire and Rescue Division position with the City of Hampton (\$3,800) <input type="checkbox"/> Virginia EMT-P Certification AND Associate's Degree – <i>no minimum time requirement</i> (\$4,600) <input type="checkbox"/> Virginia EMT-P Certification AND Bachelor's Degree – <i>no minimum time requirement</i> (\$4,700) <input type="checkbox"/> Virginia EMT-P Certification, Master's Degree, AND ten (10) years of employment in a uniformed Fire and Rescue Division position with the City of Hampton (\$6,200)	
_____ Employee's Signature	_____ Contact Number
_____ Date	
TO BE COMPLETED BY THE FIRE CHIEF OR DESIGNEE	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Effective Date _____
Reason for Disapproval:	

Fire Chief or Designee - Signature

Date